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INVESTIGATION OF THE VETERANS' ADMINISTRATION

REPORT

OF THE

2. COMMITTEE ON WORLD WAR VETERANS' LEGISLATION

HOUSE OF REPRESENTATIVES

SEVENTY-NINTH CONGRESS

SECOND SESSION

ON

H. Res. 192

A RESOLUTION TO PROVIDE FOR AN INVESTIGATION
OF THE VETERANS' ADMINISTRATION WITH A
PARTICULAR VIEW TO DETERMINING THE
EFFICIENCY OF THE ADMINISTRATION
AND OPERATION OF VETERANS'
ADMINISTRATION FACILITIES



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MARCH 20, 1946.—Committed to the Committee of the Whole House
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REPORT

TO THE

COMMITTEE ON WORLD WAR VETERANS' LEGISLATION

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JOE W. MCQUEEN, *Counsel*



WASH. 25, 1946.—Committee on the Committee on the World War
Veterans' Legislation of the U.S. House and Senate to be designated
as the Senate of the United States and the Senate to be designated
as the Senate of the United States.

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79TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
2d Session

No. 1795

INVESTIGATION OF THE VETERANS' ADMINISTRATION

MARCH 20, 1946.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. RANKIN, from the Committee on World War Veterans' Legislation submitted the following

R E P O R T

[Pursuant to H. Res. 192]

Pursuant to House Resolution 192, Seventy-ninth Congress, first session, unanimously approved March 27, 1945, the Committee on World War Veterans' Legislation began an investigation of the Veterans' Administration, with a particular view to determining the efficiency of the Administration and operation of Veterans' Administration facilities.

In addition to this report, which supplements an earlier interim report, Hon. Joe W. McQueen, special counsel, a past national commander of the Disabled American Veterans, has prepared and submitted to the committee a complete, detailed report and summary of the evidence presented during the hearings, which has been published, and together with the printed hearings, is available.

This first phase of the investigation related only to the veterans hospitals or facilities, their equipment and staffs, and the treatment therein accorded veteran patients. Before October 1, 1945, every member of this committee had visited many of the hospitals, personally investigating charges made by individual veterans, magazines, and newspapers.

This investigation disclosed that conditions in veterans hospitals were neither as bad as portrayed by the periodicals or individuals, nor were they everything desired by this committee.

Wartime exigencies required the use of inexperienced civilians, untrained conscientious objectors and soldiers who were discontented in their assignments. Some abuses did exist. The personnel responsible therefor subject to military control were courtmartialed and the civilians responsible were indicted. The hospitals in which mistreatment was found were: Northport, Long Island, N. Y.; Lyons, N. J.; and Chillicothe, Ohio.

The end of the war—and with it a partial relief of the manpower shortage, the removal of military personnel and irresponsible civilian employees from the hospitals—has, to a great extent, remedied this condition. In the future, military personnel should not be assigned to veterans hospitals. Attendants should be carefully trained in their duties before assignment.

Selection of professional personnel—doctors, dentists, and nurses—from civil-service rolls in many instances did not make available desirable appointees. This condition became increasingly worse with the war. Once on the employment rolls the removal of undesirable employees was almost, if not completely, impossible.

To enable the Administrator to correct these unsatisfactory conditions this committee prepared and presented to the Congress remedial legislation which was enacted as Public Law 293, Seventy-ninth Congress, approved January 3, 1946. This act authorizes the establishing of a new Department of Medicine and Surgery within the Veterans' Administration, the setting up of requirements for appointees, increased pay to attract capable professional personnel, and a simple method of removing from the Federal pay-roll of any and all unsatisfactory hospital employees in all classifications. The Administrator assures this committee that under this act he can remedy this situation, and that he is proceeding to do so.

In view of these assurances by the new Administrator, the committee feels that no useful purpose is to be served by now commenting further on any conditions, which have heretofore existed.

Present handicaps to be overcome are: Shortage of efficient manpower and lack of adequate and suitable space, which still exists as shown in the interim report of this committee under date of September 17, 1945.

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MINORITY VIEWS

Pursuant to House Resolution 192, unanimously approved March 27, 1945, Seventy-ninth Congress, first session, the World War Veterans' Legislation Committee launched an investigation of the Veterans' Administration.

The resolution authorized the committee, acting as a whole or by subcommittee, to conduct an investigation of the Veterans' Administration, with a particular view to determining the efficiency of the administration and operation of Veterans' Administration facilities. The investigation was precipitated by serious charges made by Members of Congress, newspapers, magazine articles and others of inefficiency, administrative break-down and brutality in some hospitals operated by the Veterans' Administration.

For purposes of this report, the investigation covers only the period of time through September 1, 1945. Not only those who made the principal charges were called as witnesses before the committee, but many high-ranking officials of the Veterans' Administration and others were called to testify. During the course of the inquiry, every member of the committee visited and inspected at least one veterans hospital.

In addition to this report Hon. Joe W. McQueen, a past national commander of the Disabled American Veterans, special counsel, has prepared and submitted to the House World War Veterans' Legislation Committee his own summary and report.

Our investigation revealed a number of deficiencies, some of which were created by general wartime conditions, others apparently being present for years preceding the outbreak of war and were intensified by the tremendously increased load during the war. Yet, according to the evidence, some of the criticisms of the Veterans' Administration were found to be unsubstantiated. However, the investigation was opportune because it brought forcibly to our attention the need for wide-scale reorganization and adjustments which would meet present-day needs.

From the testimony taken before the committee and by investigations and inspections of facilities throughout the United States by subcommittees of this committee, the following findings were made:

1. There were some cases of beatings and mistreatment of patients in certain Veterans' Administration hospitals, among them being: Northport, Long Island, N. Y.; Lyons, N. J.; and Chillicothe, Ohio.
2. The assignment of inexperienced Army personnel to Veterans' Administration hospitals resulted in some physical mistreatment of patients.
3. There has been maladministration of some hospitals operated by the Veterans' Administration.
4. The hospital construction for the Veterans' Administration has not progressed fast enough to absorb the anticipated patient load from World War II, notwithstanding the fact that there has been sufficient money authorized.

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5. The evidence unearthed by the committee clearly indicated that the Veterans' Administration as set up was not equipped to provide the best quality of modern medicine to veterans entitled to and requiring medical and hospital care under its jurisdiction.

6. The securing of adequate and competent medical personnel (physicians, nurses, and technicians) is far behind the construction program.

7. The selection of medical personnel through the civil-service method is not satisfactory for Veterans' Administration hospitals and does not in all cases result in the veterans receiving the best medical care.

8. Under the plan of selecting personnel from the civil-service register the Veterans' Administration has, with the advent of World War II, been staffed with many physicians who are undesirable, incompetent, and incompatible.

9. The Administrator of Veterans' Affairs could not discharge incompetent professional medical personnel without preferring charges against the individual and then sustaining those charges in a complicated time-consuming procedure. On account of this, the Administration has followed the practice of merely transferring incompetent employees from one station to another, which causes the patients to suffer.

10. Many inexperienced people were employed as attendants in neuropsychiatric hospitals operated by the Veterans' Administration.

11. Medical personnel should be constantly encouraged to attend scientific meetings and clinics where their knowledge and skill may be improved. Medical staffs should be given opportunities for scientific research without "experimenting" on patients, so as to keep them alert and interested in their work. Veterans' Administration physicians should also be stimulated to make themselves proficient in their specialties by working toward specialty certificates in their particular skills.

12. The use of military rank and uniforms in hospitals, homes, and centers operated by the Veterans' Administration is not to be the best interest of the veteran.

13. Administrative organization is too cumbersome and outdated to meet the challenge of 15,000,000 veterans of World War II, to say nothing of World War I. Too much time has been used by medical personnel, including nurses, for reports and paper work, taking them away from bedside practice.

14. Inadequate attention is given to out-patient veterans with service-connected disability.

15. Some facilities for neuropsychiatric and tuberculous cases are lacking in modern therapeutic equipment and methods.

16. There is no independent board of review established to hear the complaints concerning the operation of hospitals and the treatment accorded veterans.

17. There is an inadequate number of social workers employed by the Veterans' Administration who would be valuable aides in the after-care and treatment of neuropsychiatric and tuberculous patients.

18. There is no continuous undercover investigation of the neuropsychiatric hospitals by the Veterans' Administration.

19. In many instances the Veterans' Administration places its own interpretation on laws without regard to the intent of the Congress.

20. Alaska is greatly in need of a regional office of the Veterans' Administration, as well as a veterans hospital.

The committee found an attitude of complacency and inflexibility in some of the administrative heads of the Veterans' Administration charged with the care and treatment of the sick and disabled veterans at a time when new problems and added burdens required an alert and vigorous outlook. On the other hand, it was very gratifying to note the many loyal and hard-working staff members who were doing all in their power to cope with an increasingly grave emergency, exerting every effort to meet the needs of the sick and disabled.

RECOMMENDATIONS

After fully considering all the testimony and statements brought before the committee, on the basis of its findings the undersigned make the following recommendations for improving the hospital and medical program of the Veterans' Administration:

1. That the Administrator of Veterans' Affairs, in order to maintain a high standard of medical care and treatment for the veteran, have the necessary authority to employ and discharge medical personnel. That the Department of Medicine and Surgery be directly under a qualified physician who is accountable only to the Administrator of Veterans' Affairs.

NOTE.—Public Law 293, Seventy-ninth Congress, approved January 3, 1946, introduced and sponsored by the House World War Veterans' Legislation Committee, carries this recommendation into effect.

2. That in order to maintain the necessary morale, the Administrator of Veterans' Affairs, eliminate immediately the use of military titles and uniforms of a military character, when personnel is no longer in the military service, in all hospitals, homes, and stations throughout the Veterans' Administration.

3. A special medical advisory group should be permanently maintained in an active advisory capacity, consisting of leading men in all major branches of medicine. This medical advisory group should be consulted on all major aspects of hospital policy in the Veterans' Administration.

4. Internships and residencies should be installed in selected veterans' hospitals as rapidly as possible, with all due protection to the welfare of patients, so that the Veterans' Administration may develop a continuous stream of skilled specialists and general practitioners.

5. Administrative organization of the Veterans' Administration should be simplified to meet the challenge of the 15,000,000 veterans of World War II, to say nothing of World War I. Doctors and nurses should be relieved of much of the routine paper work which now takes up a great deal of their working time through the employment of ward secretaries and other clerical personnel and more adequate provision of dictaphones and other time-saving devices.

6. An upgrading and reclassification of Veterans' Administration employees should be made, especially those in the lower brackets.

7. That the Department of Public Relations of the Veterans' Administration be enlarged and extended, and that all means available be used to inform the veteran and the public of the administration of the veteran's problem. That a much closer relationship in civic

affairs be entered into and be maintained between the Veterans' Administration and all public agencies, including the city, State, and Federal.

8. An independent board of review should be established to hear the complaints concerning the operation of hospitals and the treatment accorded veterans, and such board should report to the Administrator of Veterans' Affairs.

9. In view of the great over-all shortage of skilled psychiatrists in this country, added to the fact that nearly two-thirds of the patients in Veterans' Administration facilities suffer from neuropsychiatric disorders, the Veterans' Administration should organize its own training program to develop physicians in this specialty for service in its hospitals.

10. Special equipment and techniques of proved value in the treatment of neuropsychiatric disorders should be installed in all Veterans' Administration hospitals for psychiatric patients as speedily as possible. Physical therapy also should be installed in selected hospitals.

11. An adequate number of social workers, who are valuable aides in the treatment and after-care of neuropsychiatric and tuberculous patients, should be employed by the Veterans' Administration for the special care of these classes, with adequate incentives provided for their hiring and retention.

12. More out-patient facilities are urgently needed for the treatment of ambulatory patients with neuropsychiatric disorders. These facilities should be set up in appropriate centers as the present shortage of trained personnel is alleviated.

13. The employment of part-time medical personnel would do much to relieve the present doctor shortage in hospitals. Outside specialists should not only be called upon to treat individual cases, but to make rounds with regular hospital staffs to permit full discussion and observation of hospital cases.

14. That the Veterans' Administration have a continuous undercover investigation of all neuropsychiatric hospitals throughout the United States, in order to keep to a minimum any abuse of patients in that class of hospitals; and establish and maintain a permanent system of continuous inspection of all hospitals and field stations throughout the United States.

15. Programs should be instituted in hospitals for the care and treatment of tuberculous veterans that would provide greater incentives to patients to remain there until they receive maximum benefits, and would reduce noticeably the present high rate of patients discharged against medical advice or with less than maximum benefits.

16. The Veterans' Administration should conduct a vigorous research program aimed at improvements in the manufacture and use of artificial limbs and other appliances for disabled veterans. More limb-making and limb-fitting shops should also be organized in appropriate Veterans' Administration centers. Special emphasis should be placed on use and training in use of prosthetic appliances.

17. Hospital construction for the Veterans' Administration should be expended more rapidly to absorb the anticipated patient load from World War II.

18. The Veterans' Administration should cease placing its own interpretation on laws without regard to the intent of Congress.

19. A regional office of the Veterans' Administration, as well as a veterans hospital, should immediately be established in Alaska for the benefit of veterans living in that territory.

Many of these recommendations have been initiated and others are incorporated in several bills pending before Congress.

JAMES DOMENGEAUX,
WILLIAM G. STIGLER,
TOM PICKETT,
WILLIAM F. GREEN, JR.,
LEO F. RAYFIELD,
WALTER B. HUBER,
EDITH NOURSE ROGERS,
BFRNARD W. KEARNEY,

Members of World War Veterans' Legislation Committee expressing minority views.



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